



## ***At a Glance***

*April 30, 2015*

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## Breaking News

### MAXIMUS Child Health Plan *Plus* Customer Service Contract Ending

The Department currently contracts with MAXIMUS to provide Child Health Plan Plus (CHP+) and Medicaid eligibility and enrollment services. The contract also includes the operation of a CHP+ customer service center. The services currently handled by Maximus will transfer to Denver Health and Colorado's 64 counties beginning May 26, 2015.

To minimize disruption to clients, the CHP+ customer call center number will remain the same and will ring into Denver Health. The PO Box where payments are sent also remains the same. MAXIMUS will be posting signs and directing walk-in clients to the Denver Health address throughout the month of May and June.

*For more information and operational details on this transition, please visit the [website](#).*

### The Colorado interChange

In late 2013, the Department selected Hewlett Packard (HP) as its contractor to design, develop, test and implement a new state of the art Medicaid Management Information System (MMIS). The current MMIS and Fiscal Agent functions are both operated by Xerox Healthcare. The new MMIS system will be called the Colorado interChange and is one piece of a three-part enterprise system that includes a new Pharmacy Benefits Management System (PBMS) and a Business Intelligence and Data Management System (BIDM). The Colorado interChange system will be a significant upgrade from the Department's current technology. It will streamline existing processes and offer new enhanced services.

*For more information please see our [Provider Resources web page](#).*

### Provider Revalidation and Enrollment

Section 6401 (a) of the Affordable Care Act requires that **all enrolled Medicaid and Medicare providers and suppliers** revalidate their enrollment information under new enrollment screening criteria.

Beginning in September 2015, all existing Medicaid providers will simultaneously undergo revalidation while enrolling into our new Colorado interChange system. The revalidation process is required for providers who want to continue or begin providing services to Medicaid and CHP+ members after **September 15, 2015**.

*For more information on the provider screening rule, see our [Provider Resources web page](#).*

### Accountable Care Collaborative: Medicare-Medicaid Program Subcommittee and Stakeholder Meeting Cancelled

Due to a number of absences in May, we have decided with our co-chairs to cancel the May 7 Accountable Care Collaborative: Medicare-Medicaid Program Subcommittee and Stakeholder meeting scheduled for 10 a.m.-12:00 p.m. We will meet again on July 2, 2015.

For more information, contact [Christine Fallabel](#).

## **CaféWell: Colorado Medicaid's New Health and Wellness Awards Pilot Program**

The Department launched a new pilot health and wellness program, CaféWell on April 20. Medicaid members in Regional Care Collaborative Organizations (RCCOs) 6 and 7, and members of Denver Healthy Communities are eligible to participate. Members have access to video coaching sessions, recipes, articles, videos and fun, healthy activities. Members have the opportunity to earn coins to use for their healthy lifestyle.

To use CaféWell, Medicaid members need access to the internet through a phone, tablet or computer and be willing to give their opinions about the program.

To sign up, visit [www.cafewell.com/code/MedicaidPilot](http://www.cafewell.com/code/MedicaidPilot).

For more information, contact [Antoinette Taranto](#).

## **PEAKHealth Mobile App for Medicaid & CHP+ Clients Now Available**

The Department of Health Care Policy and Financing has launched the new PEAKHealth mobile app. PEAKHealth gives Medicaid and Child Health Plan *Plus* (CHP+) members a simple way to keep their information up to date and access important health information right from their phone.



PEAKHealth is for **current** Medicaid and CHP+ members who have a Colorado.gov/PEAK account. As a reminder, Medicaid and CHP+ members can create a PEAK account at any time at Colorado.gov/PEAK. PEAKHealth is **not** designed for people who want to **apply** for benefits.

PEAKHealth will help Medicaid and CHP+ members to search for a provider, view their medical card, update their income and contact information, view benefit information, make a payment and access

health and wellness resources.

PEAKHealth can be downloaded at the [Apple iTunes Store](#) or [Android/Google Play App Store](#) for free. For more information on the PEAKHealth mobile app view our [video tour](#) and check out our PEAKHealth stakeholder resource page at [CO.gov/HCPF/PEAKHealth-Stakeholders](http://CO.gov/HCPF/PEAKHealth-Stakeholders).

## **National Association of State Directors of Developmental Disabilities Services Conference in Denver**

The conference of the National Association of State Directors of Developmental Disabilities Services (NASDDDS), "New Pathways," will be held in Denver in June 2015.

The NASDDDS is a professional organization representing the nation's agencies in 50 states and the District of Columbia that provide services to children and adults with intellectual and developmental disabilities and their families. The NASDDDS meets annually, inviting experts, policy specialists, and NASDDDS members to share on topics of interest to the broader community. This conference presents "New Pathways" underway at the systems level as well as

the service level as State I/DD systems are continually forging “New Pathways” to support people with I/DD and their families.

The June conference is being held in Denver, June 10-12, 2015, although sessions for Volunteer Advocate, Family, and Client/Self-advocates commence June 11, 2015. Go to the [NASDDDS website](#) for more information and to register; group discounts are available.

The Department is sponsoring a total of 20 family members, professionally unaffiliated community advocates, and self-advocates to attend the conference. The deadline for applying for sponsorship has been extended to May 13, 2015 at 6:00 p.m. To apply, [follow this link](#) and download the conference application flyer in the April, 29, 2015 Communication Brief section.

*For more information, contact [Sarah McDonnell](#).*

## Legislative Update

Wednesday, January 7, marked the opening day of the first session of the 70th General Assembly. Per the Constitution, the Colorado legislature is in session for no more than 120 days, adjourning this year on May 6, 2015.

The Department has two bills:

### **[HB15-1079](#) Teen Pregnancy and Dropout Prevention Program**

The bill allows the General Assembly to appropriate general fund moneys to implement and administer the teen pregnancy and dropout prevention program and extends the repeal date of the program from September 1, 2016 to September 1, 2020.

Status: 03/10/2015 Senate Committee on Finance Postpone Indefinitely

### **[HB15-1186](#) Eliminate the Children with Autism Waitlist**

The bill would increase the age for the waiver to 8, guarantee 3 years of services regardless of when a child enrolled, and increase the service cap limit and allow the cap to fluctuate in order to increase provider rates.

Status: 04/24/2015 Senate third reading passed—no amendments.

### **[SB15-234](#) Long Appropriations Bill**

Status: Governor Hickenlooper signed the Long Bill on 04/23/2015.

*For more information, please contact [Zach Lynkiewicz](#).*

## HCPF on Social Media

The Department has launched an official social media presence via Twitter, Facebook, and LinkedIn. We'll be using these channels as an additional way to engage with our varied audiences while echoing the messages of our sister state agencies. Want to join in and help us spread the word? Please Follow HCPF on [Twitter](#) and Like Us on [Facebook](#), and connect with us on [LinkedIn](#).

## Increase Enrollment

### Add-a-Baby Reminder

On January 1, 2013, the Add-A-Baby project operated by the Department concluded. This temporary project was implemented in October 2009 to offer providers an alternative means for getting newborns born to Medicaid eligible mothers enrolled into Medicaid. In an effort to avoid duplication of efforts and expedite application processing the **Department is requesting providers work directly with the County or Medical Assistance (MA) Site when needing to add newborns born to eligible Medicaid mothers.**

The Department has continued to accept and process emergent requests only for newborns who need immediate medical attention. Emergent requests can only be submitted to the Department through the online form. The form and directions can be found at [Colorado.gov/hcpf/add-baby](http://Colorado.gov/hcpf/add-baby).

To verify a newborn's eligibility please continue to utilize the Provider Web Portal or contact the County Social Services Office in which the client lives.

*For more information, contact [Add-a-Baby](#).*

### PEAK Support Call for Community Partners

A post-build follow-up call for anyone with questions about the March build is scheduled for Monday, May 4 from 3:00 p.m. -3:45 p.m. Call in information:

Phone: 1-877-820-7831

Passcode: 349141#

*For more information, contact [PEAKOutreach@bouldercounty.org](mailto:PEAKOutreach@bouldercounty.org).*

### PEAK Resources and Trainings

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#) or [tinyurl.com/peakoutreach](http://tinyurl.com/peakoutreach).

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For more information, contact [PEAKOutreach@bouldercounty.org](mailto:PEAKOutreach@bouldercounty.org).

## Improve Health Outcomes

### Invitation to Adult Waiver Redesign Sessions

The Department is hosting sessions throughout the state to exchange information about the recommendations made by the Redesign Workgroup for the Waivers Serving Adults with Intellectual and Developmental Disabilities and to receive feedback and advice from all interested stakeholders.

The Department formed the workgroup in response to the Community Living Advisory Group (CLAG) recommendation for a redesigned Home and Community-Based Services (HCBS) waiver to support eligible adults with intellectual and developmental disabilities (I/DD). The Workgroup met monthly from October 2013 through January 2015 to develop their recommendations.

To RSVP, for more information (including a list of the recommendations), or to request a special accommodation, go to our [website](#), or contact us by [email](#) or phone, 303 866-5560.

### Drug Utilization Review Board Meeting

The Drug Utilization Review (DUR) Board serves in an advisory capacity to the Department and makes recommendations regarding issues of drug utilization, provider education interventions, and application of standards. The DUR Board also determines the prior authorization criteria for drugs with special prescribing guidelines and the prior authorization criteria for non-preferred drugs, those that don't make the Preferred Drug List (PDL). Our next meeting will be **Tuesday, May 12, 2015**.

6:00 p.m. – 7:00 p.m. Closed Executive Session for Board Members

7:00 p.m. – 9:00 p.m. Open Session

#### Skaggs School of Pharmacy and Pharmaceutical Sciences Building

12850 East Montview Blvd., Aurora, CO 80045

Seminar Room – Room 1000; First Floor

Note: Parking is available in the [Henderson/Visitor Parking Garage](#).

For more information or the meeting agenda, see the [DUR web page](#).

### Open Enrollment for Financial Management Services providers for Clients receiving Consumer-Directed Attendant Support Services

The Open Enrollment period for Consumer-Directed Attendant Support Services (CDASS) clients and authorized representatives to change their selection of Financial Management Services (FMS) vendors and/or FMS employer models is January 1 – June 30, 2015.

If a client or authorized representative requests a change after January 1, 2015, the case manager should notify the existing FMS and, if applicable, the new FMS using the enrollment form. The case manager will need to update the Prior Authorizations Request (PAR) if the model is changing. The PAR changes should not be communicated directly to the Department.

The timelines for open enrollment from Agency with Choice (AwC) to AwC or AwC to Fiscal/Employer Agent (F/EA) are below. These timelines are depending on the client or authorized representative submitting the necessary paperwork to the FMS vendor:

1. Selections made and information submitted prior to the 15<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the following month. For example, selections made March 1 – 15 will be effective April 1.
2. Selections made and information submitted on or after the 16<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the next month. For example, selections made March 16 – 31 will be effective May 1.

For F/EA to F/EA the timelines will be effective the first of the quarter. Additional information will be made available in the future.

*For more information, contact [Bonnie Rouse](#).*

## Data Collection Study

The Department has begun preparing for the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) data collection study. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct this study.

Beginning in February, Guardian Angel Consulting will be contacting providers to collect the necessary medical records. It is critical to the success of the study that providers respond with the requested information as soon as possible.

Obtaining a signed release form from the member is not necessary; by signing the client's Medicaid application, the member has already agreed to medical record access. In addition, the provider contract/agreement with the Department contains a statement allowing the Department and its designees access to the medical records of Medicaid members. The Code of Colorado Regulations allows the Department or its designees to obtain copies of medical records "at the expense of the provider"; therefore, reimbursement to the provider or to vendors photocopying medical records is not offered.

If you receive a medical record request, you must send your charts to Guardian Angel Consulting prior to the **May 9, 2015, deadline**. Please do **not** send charts to Guardian Angel Consulting after this date, as they will not be included in the study. Thank you for your cooperation towards the success of this project.

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

*If you have any questions about the 2015 HEDIS data collection study, please contact [Rachel Henrichs](#), HSAG project coordinator, at 303-755-1912, or [Russell Kennedy](#), at 303-866-3340.*

## Colorado Medicaid Dental Program Updates

### **Adult Dental Program Benefits – Rules and Regulations Update**

The revisions to the Adult Dental Services rule passed its final reading for permanent adoption at the [Medical Services Board](#) (MSB) meeting on March 13, 2015 and the revised policies are effective as of April 30, 2015. The associated updates and revisions to the DentaQuest Medicaid Dental Provider Office Reference Manual (ORM) and its enclosed benefit tables, as well as the Medicaid Dental Program Fee Schedule, have also been updated and are available to dental



providers as of April 30. The revised rule allows the Department to add prefabricated stainless steel crowns, protective restorations, and full mouth debridement to the list of covered services for adults who qualify for the Medicaid dental benefit. These additional covered services are subject to the \$1,000 annual benefit maximum for adults and other frequency limitations as outlined in the ORM. The Department also removed the prior authorization request requirements from adult dental services such as single crowns, root canals, non-emergency surgical extractions, general anesthesia and deep sedation.

### **Benefit Administration Transition to DentaQuest**

As the Department's dental Administrative Services Organization (ASO) for the State, DentaQuest is responsible for managing the Medicaid adult and children's dental benefit programs. Medicaid members can reach DentaQuest's Member Services at 1-855-225-1729 (TTY 711), Monday – Friday between 7:30 a.m. – 5:00 p.m. Mountain Time or visit their website at [www.DentaQuest.com](http://www.DentaQuest.com) for assistance with your Medicaid dental questions.

Providers can contact DentaQuest's Provider Services at 1-855-225-1731 (TTY 711) if they need assistance or they can visit DentaQuest's [Providers website](#).

### **Home Modification Stakeholder Workgroup**

The Department has partnered with the Department of Local Affairs' (DOLA) Division of Housing to increase the quality of the home modification benefit provided to clients. The next six months will be a transition period during which both the Department and DOLA will be soliciting input on proposed changes to oversight of the home modification benefit.

The Department and DOLA will be co-facilitating a series of stakeholder workgroups for the home modification benefit every fourth Thursday from 10:00 a.m. – 12:00 p.m., at 303 East 17<sup>th</sup> Ave, Denver, Room 7AB.

To participate by phone, call:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant code: 516148#

We welcome participation from all groups involved in the home modification process, including clients, Occupational Therapists and Physical Therapists, case managers, contractors, stakeholders and local building code officials.

*For more information, contact [Diane Byrne](#).*

### **Contain Costs**

### **Accountable Care Collaborative Model Details and Policy Decisions**

The next phase of the Accountable Care Collaborative (ACC) seeks to optimize health for those served by Medicaid through accountability for value and client experience at every life stage. This update summarizes three key structural decisions that have been made for the ACC Model that will be in place starting July 1, 2017.

1. The Department will contract with one administrative entity in each region of the state to be responsible for the duties traditionally performed by the Regional Care Collaborative Organizations (RCCO) and Behavioral Health Organizations (BHO).



2. The ACC regions will align with the current RCCO regional map. There are two counties in the current BHO regions that don't align with the existing seven RCCO regions: Elbert and Larimer. We will hold stakeholder meetings in those communities to determine how to handle the regional assignment for those two counties.
3. At the beginning of the contract, the ACC will continue to pay most physical health through managed fee for service and most behavioral health through a capitated payment structure.

Over the next year, the Department plans to conduct stakeholder outreach and additional research to continue developing the program model, and will seek stakeholder guidance and input through public meetings of the [ACC Program Improvement Advisory Committee](#) and its subcommittees. More information about the next iteration of the ACC Program is available via [the RCCO RFP webpage](#).

*For more information read [ACC Model Details and Policy Decisions](#).*

## **Accountable Care Collaborative Update**

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

Estimated ACC enrollment as of April 1, 2015 was 835,357.

## **Medical Services Board**

### **Public Rule Review Opportunities**

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

*If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).*

## **Disability Rights Notice**

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). More information including a copy of this policy is available on the Department's [website](#). For further information or to file a discrimination complaint contact:

504/ADA Coordinator

Health Care Policy & Financing

1570 Grant Street

Denver, Colorado 80203

Telephone: 303-866-6010

FAX: 303-866-2828



State Relay: 711

Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us)

## Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.

## Enrollment

In March 2015, there were 1,209,912 Coloradans enrolled in Medicaid and 53,657 Coloradans enrolled in CHP+.
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